



MARYLAND Department of Health

Public Health Preparedness and Situational Awareness Report: #2020:29

Reporting for the week ending 07/18/20 (MMWR Week #29)

July 24th, 2020

CURRENT HOMELAND SECURITY THREAT LEVELS

National: No Active Alerts

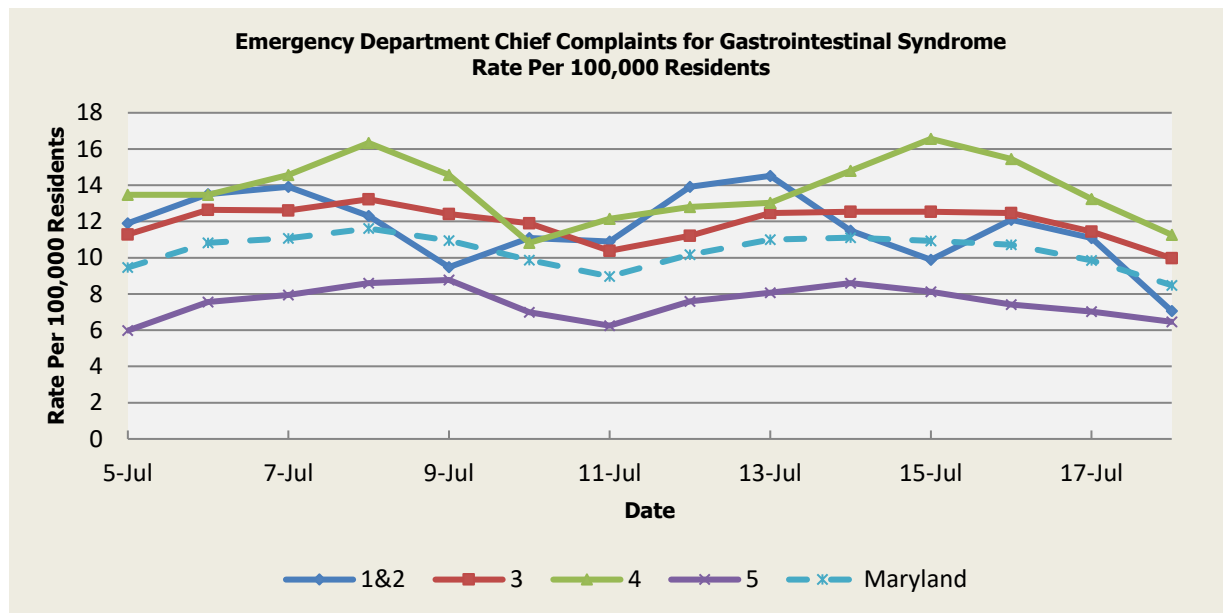
Maryland: **ENHANCED** (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes (excluding the “Other” category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2019.

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Gastrointestinal Syndrome



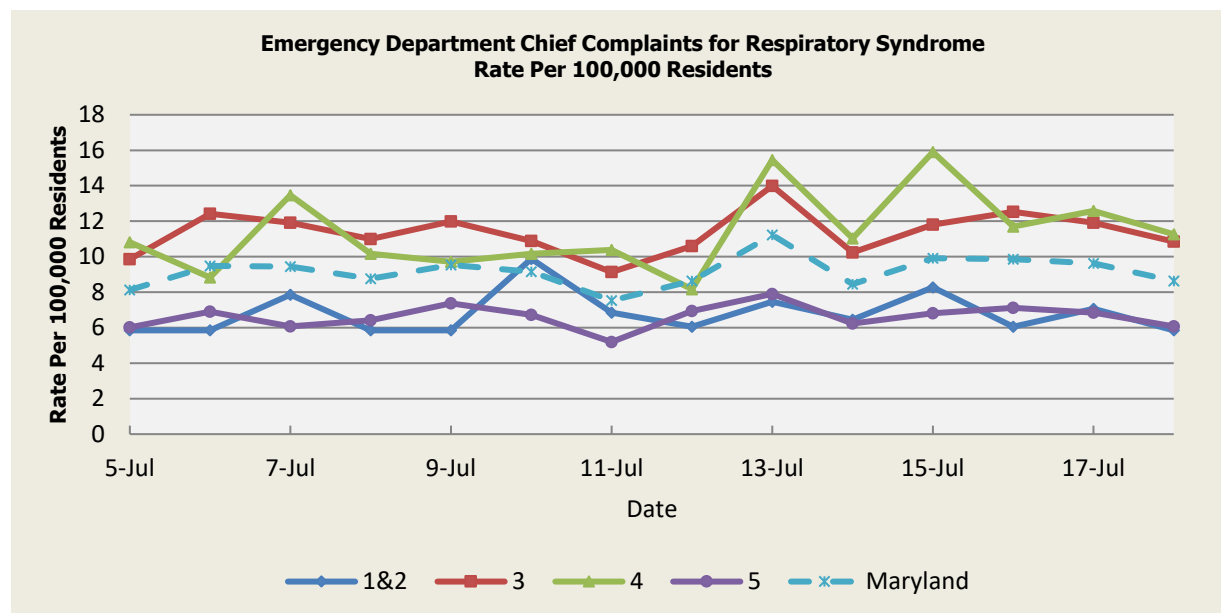
There were no Gastrointestinal Syndrome outbreaks reported this week.

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.26	14.95	15.87	10.21	13.06
Median Rate*	13.11	14.80	15.46	10.17	13.00

* Per 100,000 Residents

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Respiratory Syndrome



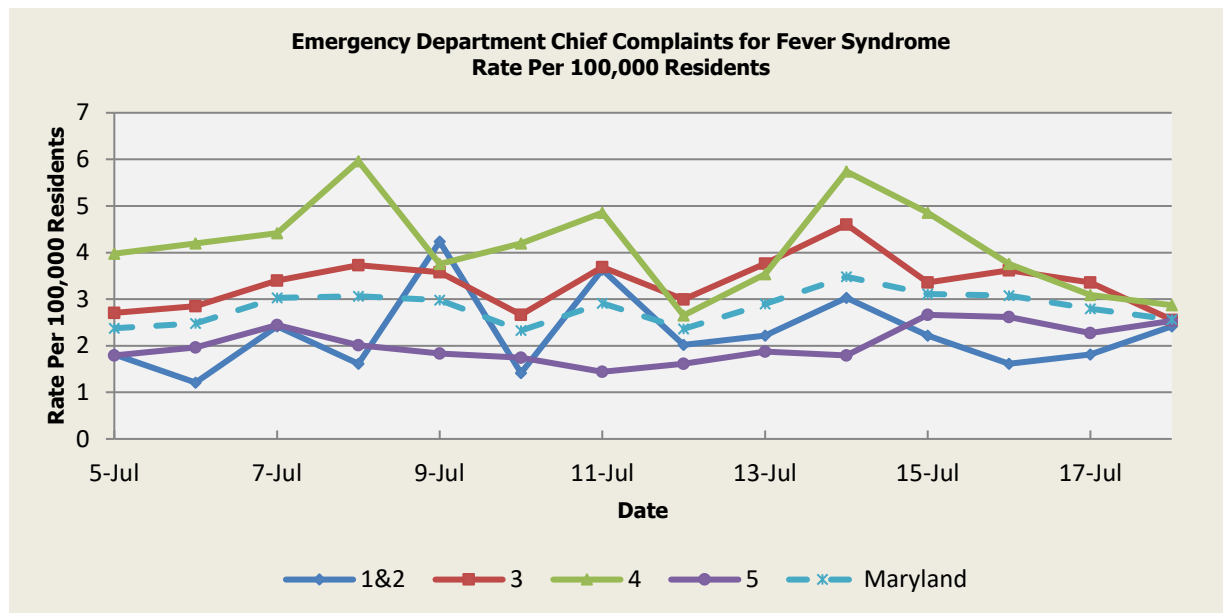
There were seventy-two (72) Respiratory Syndrome outbreaks reported this week: one (1) outbreak of COVID-19 associated with a Party (Regions 1&2), two (2) outbreaks of COVID-19 in Correctional Facilities (Regions 3,4), one (1) outbreak of COVID-19 in a Day Program (Region 4), one (1) outbreak of COVID-19 in a Daycare Center (Region 4), nine (9) outbreaks of COVID-19 in Group Homes (Regions 1&2,3,4,5), four (4) outbreaks of COVID-19 in Hospitals (Regions 1&2,3), thirty (30) outbreaks of COVID-19 in Nursing Homes (Regions 1&2,3,4,5), one (1) outbreak of COVID-19 in a State Residential Center (Regions 1&2), three (3) outbreaks of COVID-19 in Restaurants (Region 4), one (1) outbreak of COVID-19 in a Shelter (Region 3), one (1) outbreak of COVID-19 in a Camp (Region 3), one (1) outbreak of COVID-19 in a Residential Rehabilitation Program (Region 3), one (1) outbreak of COVID-19 in a Workplace (Region 5).

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.54	14.86	15.22	10.07	12.86
Median Rate*	12.10	14.21	14.35	9.69	12.34

* Per 100,000 Residents

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Fever Syndrome



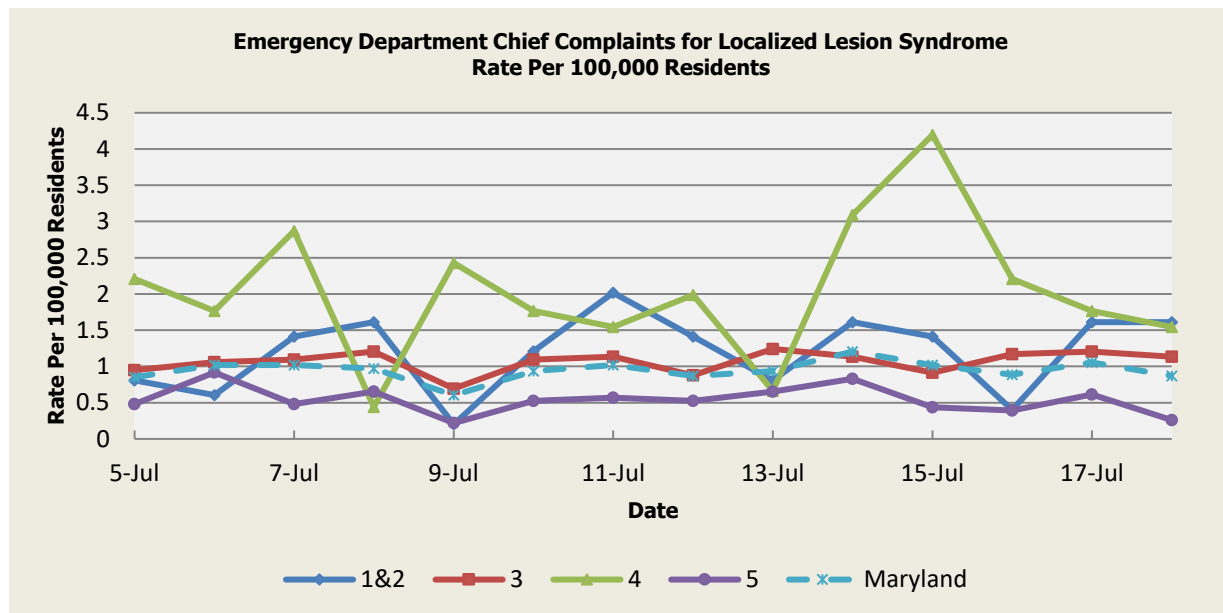
There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.09	3.92	4.15	3.06	3.54
Median Rate*	3.02	3.80	3.97	2.92	3.40

*Per 100,000 Residents

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Localized Lesion Syndrome



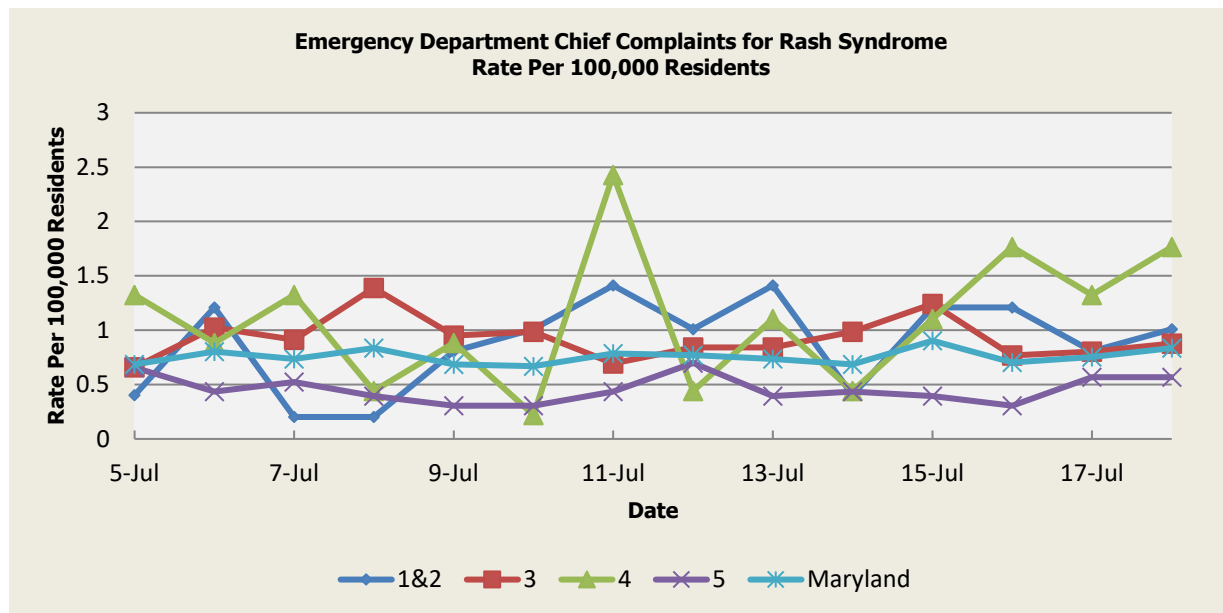
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.16	1.73	2.00	0.88	1.38
Median Rate*	1.01	1.68	1.99	0.83	1.34

* Per 100,000 Residents

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Rash Syndrome



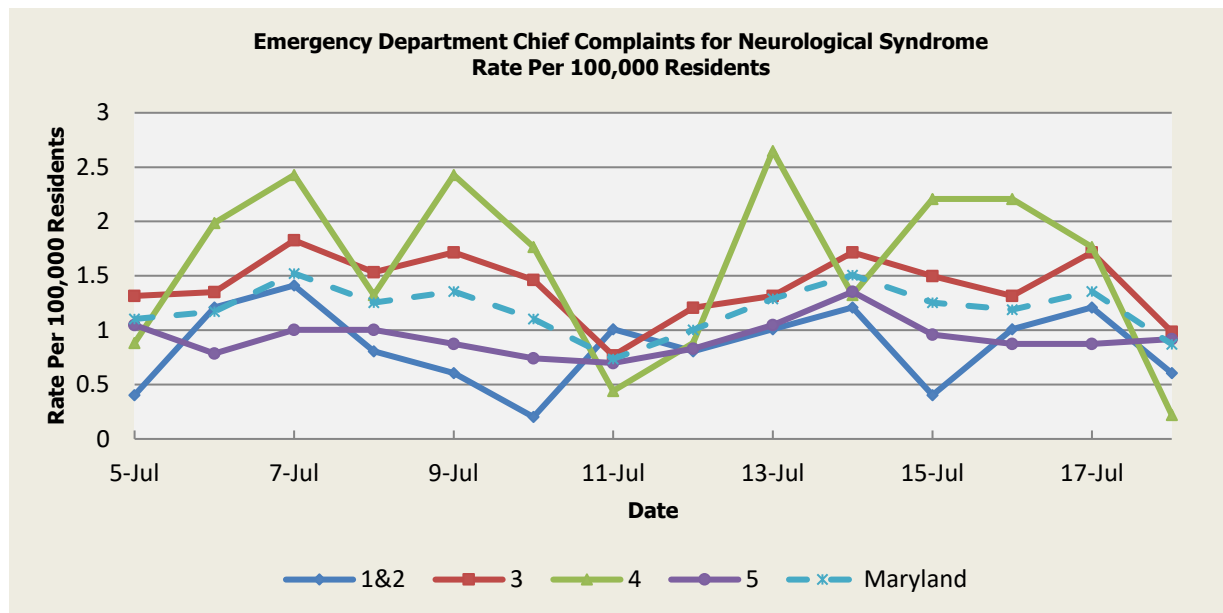
There were no Rash Syndrome outbreaks reported this week.

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.22	1.62	1.71	0.95	1.34
Median Rate*	1.21	1.57	1.55	0.92	1.31

* Per 100,000 Residents

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Neurological Syndrome



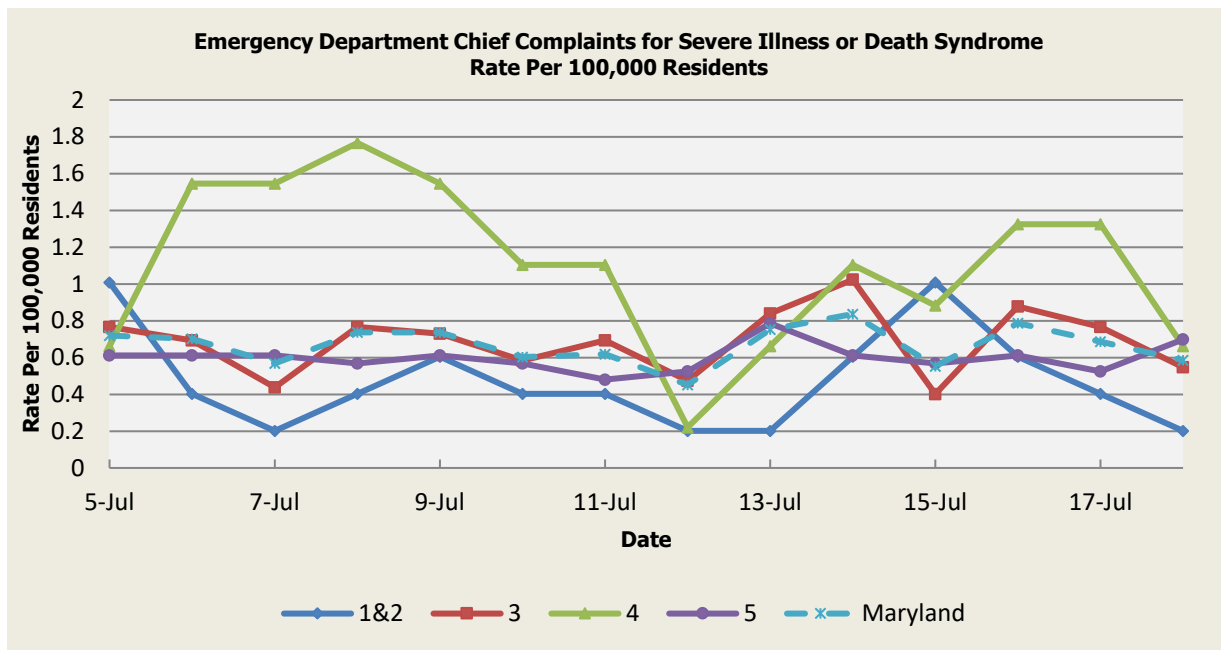
There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.81	0.99	0.91	0.64	0.83
Median Rate*	0.81	0.91	0.88	0.57	0.77

* Per 100,000 Residents

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Severe Illness or Death Syndrome



There were no Severe Illness or Death Syndrome outbreaks reported this week.

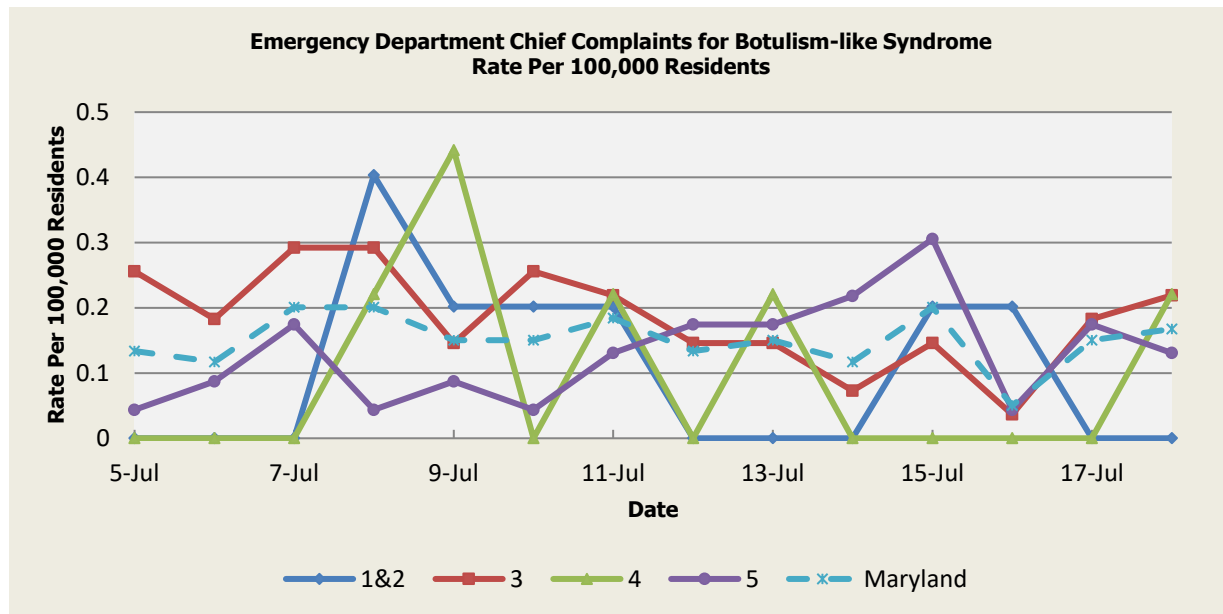
Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.65	0.88	0.84	0.53	0.73
Median Rate*	0.60	0.84	0.88	0.48	0.70

* Per 100,000 Residents

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SYNDROMES RELATED TO CATEGORY A AGENTS

Botulism-like Syndrome



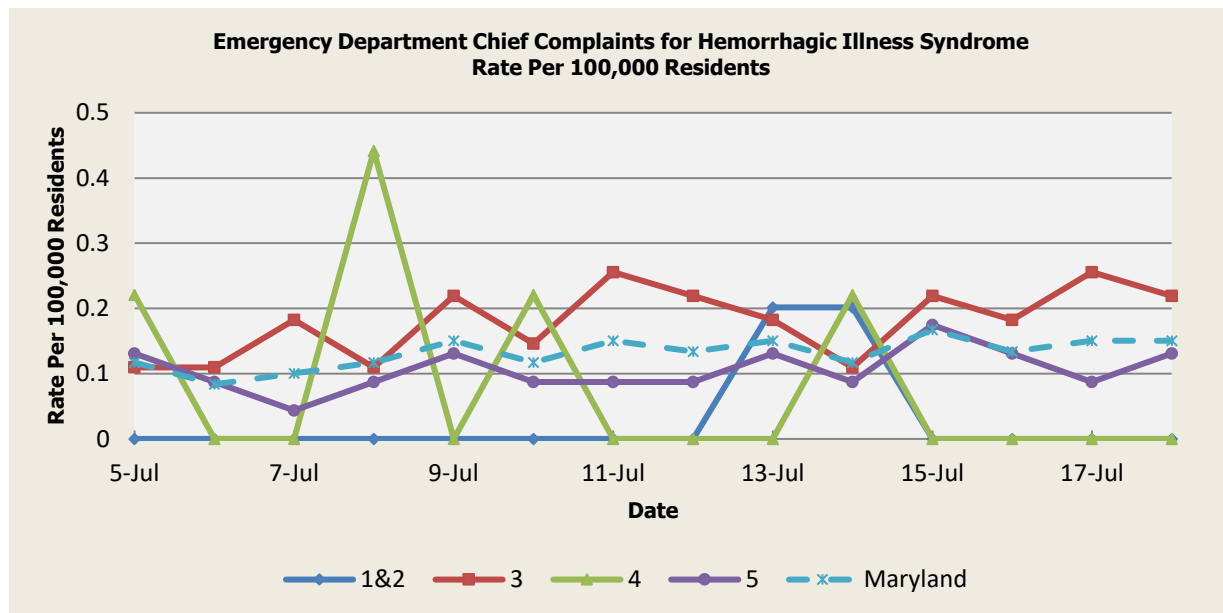
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on, 7/7 (Regions 3&5), 7/8 (Regions 1&2,3,4), 7/9 (Regions 1&2,4), 7/10 (Regions 1&2), 7/11 (Regions 1&2,4), 7/13 (Region 4), 7/14 (Region 5), 7/15 (Regions 1&2, 5), 7/16 (Regions 1&2), 7/18 (Region 4). These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.08	0.13	0.06	0.08	0.10
Median Rate*	0.00	0.11	0.00	0.04	0.08

* Per 100,000 Residents

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Hemorrhagic Illness Syndrome



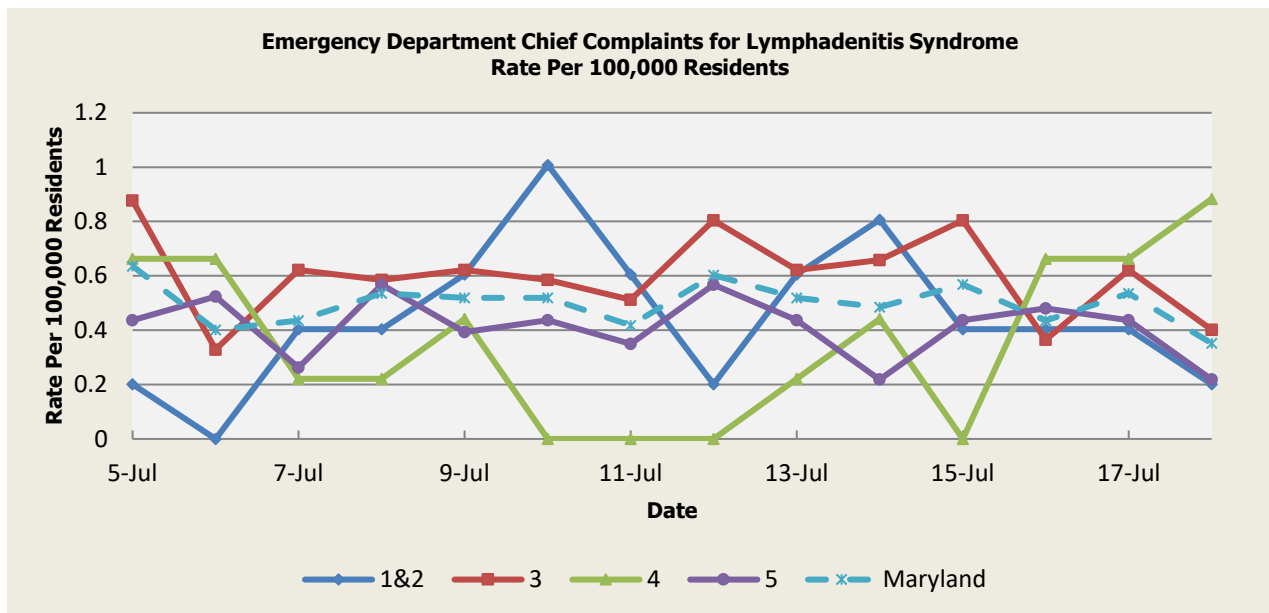
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on, 7/5 (Region 4), 7/8 (Region 4), 7/10 (Region 4), 7/13 (Regions 1&2), 7/14 (Regions 1&2,4). These increases are not known to be associated with any outbreaks.

Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.05	0.17	0.04	0.15	0.14
Median Rate*	0.00	0.11	0.00	0.09	0.10

* Per 100,000 Residents

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Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on, 7/10 (Regions 1&2), 7/14 (Regions 1&2), 7/18 (Regions 4). These increases are not known to be associated with any outbreaks.

Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.39	0.60	0.40	0.39	0.49
Median Rate*	0.40	0.55	0.44	0.35	0.45

* Per 100,000 Residents

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MARYLAND REPORTABLE DISEASE SURVEILLANCE

Coronavirus Disease 2019 (COVID-19) Situation Summary

On March 5th, 2020, the Maryland Department of Health announced the first cases of coronavirus disease 2019 (abbreviated COVID-19) in the State of Maryland.

Confirmed COVID-19 Case Counts in Maryland by County (As of July 24th, 2020)

County	Number of Confirmed Cases
Allegany	244
Anne Arundel	6,229
Baltimore City	10,001
Baltimore County	10,520
Calvert	515
Caroline	374
Carroll	1,337
Cecil	583
Charles	1,695
Dorchester	303
Frederick	2,833
Garrett	41
Harford	1,540
Howard	3,271
Kent	224
Montgomery	16,768
Prince George's	21,210
Queen Anne's	350
Somerset	114
St. Mary's	805
Talbot	289
Washington	833
Wicomico	1,219
Worcester	468
Total	81,766

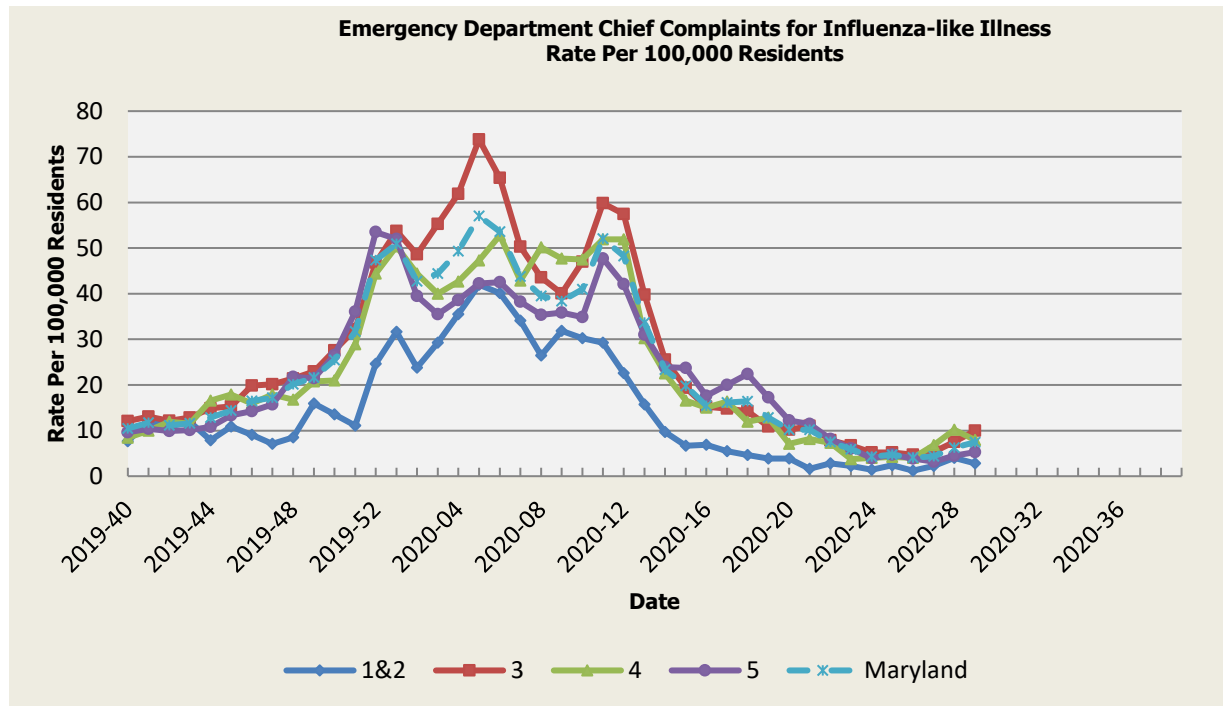
The most up-to-date information may be found on the Maryland Department of Health website at <https://coronavirus.maryland.gov>.

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SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2019 through May 2020). **Due to the COVID-19 pandemic, influenza reporting will be extended to the beginning of the 2020-2021 reporting season (MMWR Week 40/Week Ending October 3, 2020).**

Influenza-like Illness

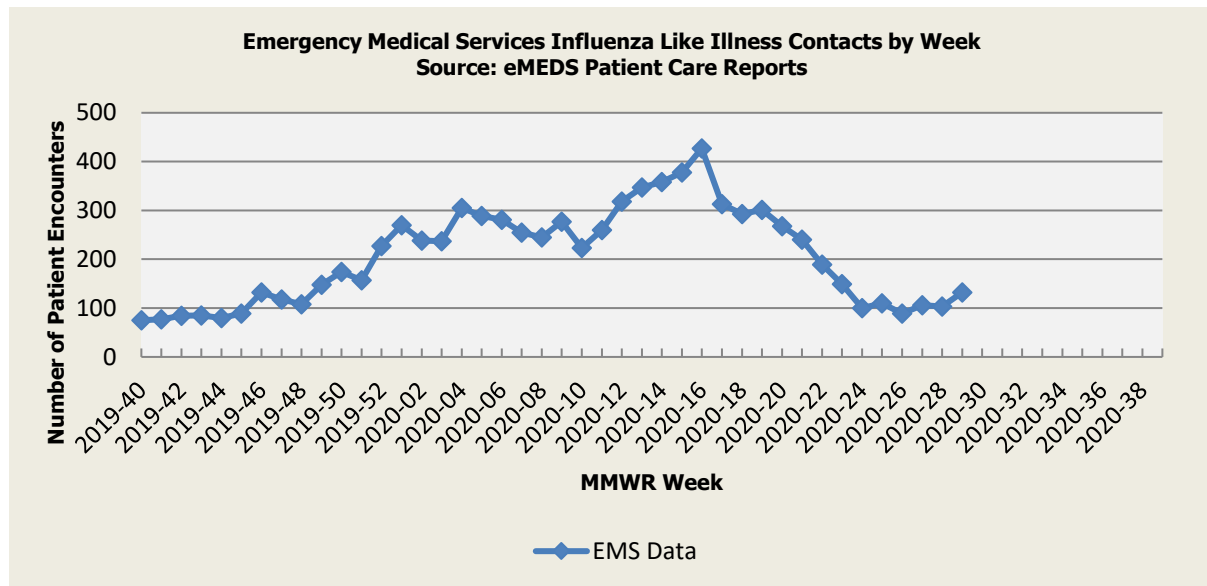


Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	10.46	14.28	13.59	12.08	13.07
Median Rate*	7.66	10.56	9.61	8.99	9.67

* Per 100,000 Residents

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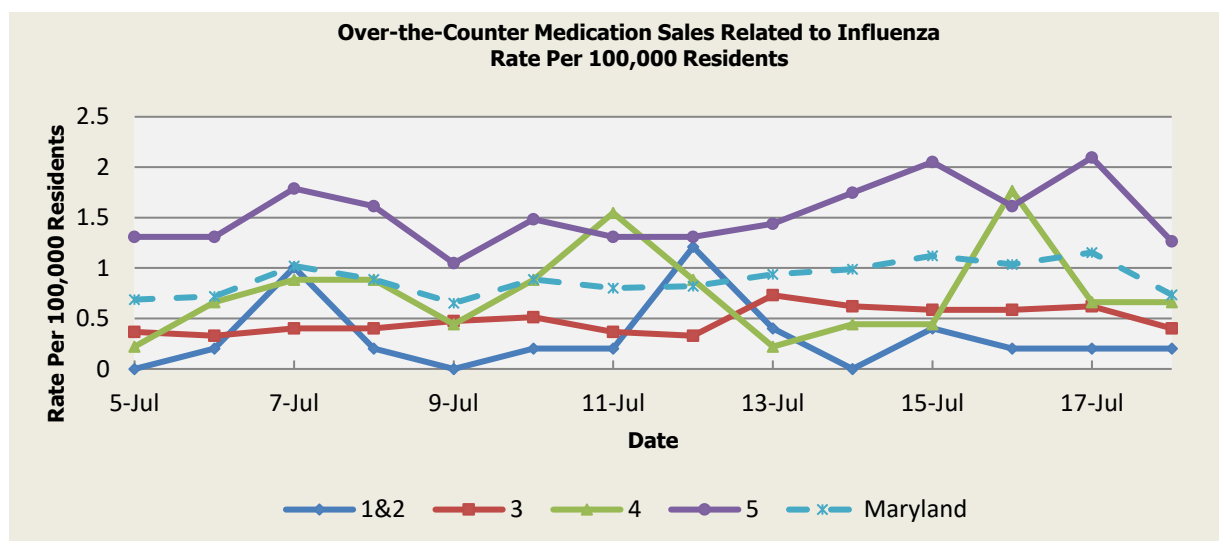
Influenza-like Illness Contacts by Week



Disclaimer on eMEDS flu related data: These data are based on EMS Pre-hospital care reports where the EMS provider has selected “flu like illness” as a primary or secondary impression of a patient’s illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

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Over-the-Counter Influenza-Related Medication Sales



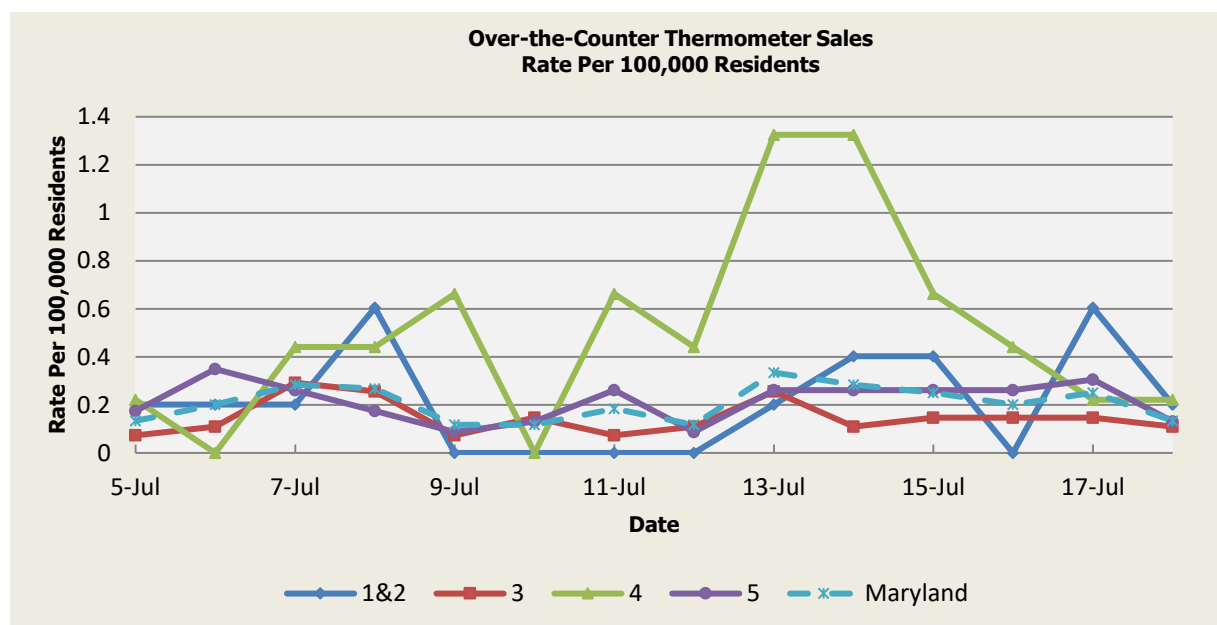
There was no appreciable increase above baseline in the rate of OTC Medication Sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.35	4.27	2.61	7.64	5.36
Median Rate*	2.62	3.36	2.21	6.90	4.60

* Per 100,000 Residents

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Over-the-Counter Thermometer Sales



There was no appreciable increase above baseline in the rate of OTC Thermometer Sales during this reporting period.

Thermometer Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	2.79	2.64	2.13	3.51	2.95
Median Rate*	2.42	2.59	1.99	3.49	2.94

* Per 100,000 Residents

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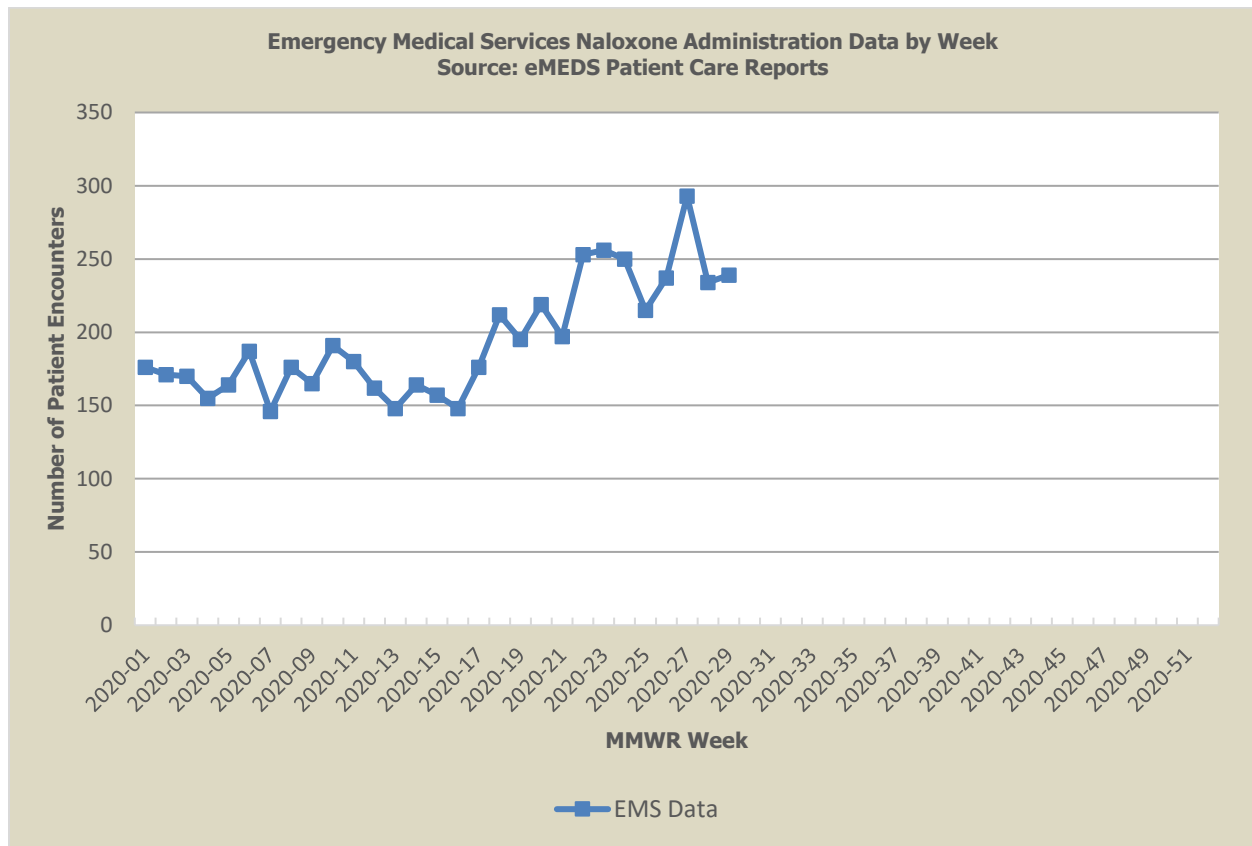
SYNDROMIC OVERDOSE SURVEILLANCE

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.

In preparation for the release of new ESSENCE queries for identifying heroin, opioid and all drug overdoses, please note that we have removed the data chart showing unintentional overdose rates by heroin, opioid, or unspecified substances. These new data, when available, will be presented below.

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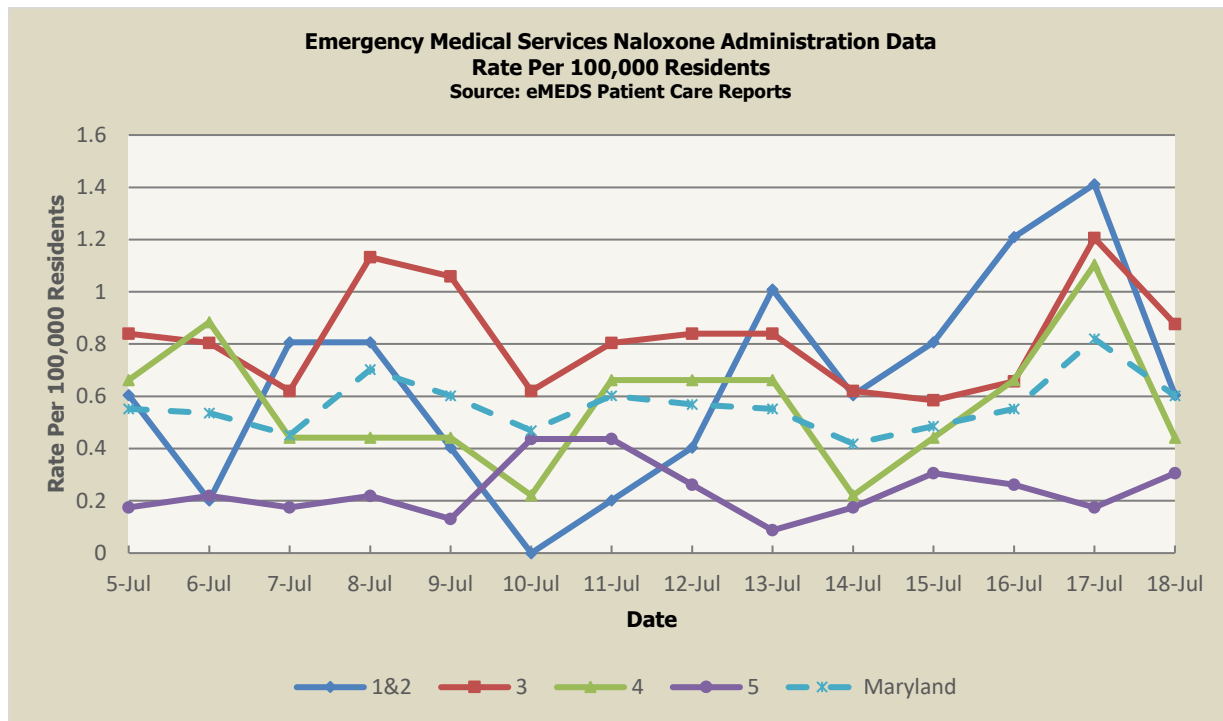
Naloxone Administration Data by Week



Disclaimer on eMEDS naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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Naloxone Administration Data



Disclaimer on eMEDS Naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of July 24th, 2020, the WHO-confirmed global total (2003-2020) of human cases of H5N1 avian influenza virus infection stands at 861, of which 455 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

AVIAN INFLUENZA

There were no relevant avian influenza reports this week

HUMAN AVIAN INFLUENZA

There were no relevant human avian influenza reports this week

NATIONAL DISEASE REPORTS

CORONAVIRUS DISEASE 2019 UPDATE (MULTISTATE), 23 July 2020, The total number of confirmed cases in the USA and territories is now 4 100 085 including 146 183 deaths, an increase from 4 028 569 cases and 144 953 deaths in the past 24 hours. Read More: <https://promedmail.org/promed-post/?id=7604441>

SALMONELLOSIS, SEROTYPE NEWPORT (MULTISTATE), 22 July 2020, CDC, public health and regulatory officials in several states, and the FDA are investigating a multistate outbreak of _Salmonella [enterica_ serotype] Newport infections. Read More: <https://promedmail.org/promed-post/?id=7601547>

HAEMOPHILUS INFLUENZAE, TYPE A (ALASKA), 19 July 2020,

Invasive_Haemophilus influenzae_ serotype a is increasing in the United States overall, with the greatest burden occurring in American Indian and Alaska Native children, according to findings published in Clinical Infectious Diseases. Read More: <https://promedmail.org/promed-post/?id=7590571>

TRYPANOSOMIASIS (CHAGAS DISEASE) (TEXAS), 19 July 2020, Texas A&M AgriLife Research entomologists have seen an increase in "kissing bugs" collected in multiple regions of the state this year. Read More: <https://promedmail.org/promed-post/?id=7589727>

PLAGUE (COLORADO), 18 July 2020, A Colorado resident was infected with the plague after a squirrel in the state tested positive for the bubonic plague, the first human case in the state since 2015, according to a report. Read More: <https://promedmail.org/promed-post/?id=7586178>

JAMESTOWN CANYON VIRUS (MICHIGAN), 17 July 2020, The Michigan Department of Health and Human Services (MDHHS) and Ottawa County Health Department on Tuesday [14 Jul 2020] confirmed the state's first human infection with a mosquito-borne virus for 2020 as a county resident tested positive for Jamestown Canyon virus. Read More: <https://promedmail.org/promed-post/?id=7583295>

INVASIVE MOSQUITO (CALIFORNIA), 17 July 2020, The San Joaquin County Mosquito and Vector Control District's (district) mosquito surveillance system has detected the invasive yellow fever mosquito (_Aedes aegypti_) in the Brookside area of Stockton. Read More: <https://promedmail.org/promed-post/?id=7582922>

INTERNATIONAL DISEASE REPORTS

CORONAVIRUS DISEASE 2019 UPDATE (321): (GLOBAL), 18 July 2020, Edward Nardell, professor of medicine and of global health and social medicine at Harvard Medical School and professor of environmental health and of immunology and infectious diseases at the Harvard School of Public Health, said air conditioning use across the southern USA may be a factor in rising COVID-19 cases. Read More: <https://promedmail.org/promed-post/?id=7587301>

TYPHOID FEVER (PAKISTAN), 21 July 2020, The ongoing health crisis in Khyber-Pakhtunkhwa appears to be compounded by the surge in typhoid fever cases. Read More: <https://promedmail.org/promed-post/?id=7591413>

EBOLA UPDATE (DEMOCRATIC REPUBLIC OF CONGO), 19 July 2020, Another case in DRC's latest outbreak. Totals are now 58 cases & 22 deaths. Four health workers have been infected; one has died. 12 640 people who have been in contact with cases have been vaccinated. Read More: <https://promedmail.org/promed-post/?id=7590632>

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.health.maryland.gov/> or follow us on Facebook at www.facebook.com/MarylandOPR.

More data and information on influenza can be found on the MDH website:
<http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS):
<http://flusurvey.health.maryland.gov>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County
Region 5	Calvert County Charles County Montgomery County Prince George's County St. Mary's County

